



HEALTH CARE FINANCING ADMINISTRATION
Department of Health and Human Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

UT-0158.90.R2.01;EP

January 4, 2002

Mr. Michael Deily, Director
Division of Health Care Financing
Utah Department of Health
Post Office Box 143101
Salt Lake City, Utah 84114-3101

Dear Mr. Deily:

This is to inform you that your request to amend your home and community-based services waiver for individuals with mental retardation and developmental disabilities (MR/DD), as authorized under Section 1915(c) of the Social Security Act, has been approved.

Specifically, you requested to incorporate the Dual Diagnosis Pilot Project funded through a grant with the Robert Wood Johnson Foundation into the waiver. This request has been given Control Number 0158.90.R2.01, which should be used in all correspondence relating to this waiver.

Based on the assurances you provided us, the waiver amendment request and the additional information provided us, conforms fully to the requirements of the statute and Medicaid regulations. Therefore, the amendment will be effective July 1, 2001, as requested. We appreciate the effort and cooperation provided by you and your staff.

If you have any questions, please contact Eunice Perez at (303) 844-7036.

Sincerely,

/s/
Alex Trujillo
Regional Administrator

Cc: Kelli Polcha
Mel Murphy